

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3589

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6164		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Grant"</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Grant"</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rural Rt Marionville Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvester</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Crawell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 26 - 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>7</u>		11. DAYS <u>9</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Carbondale Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Crawell</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Crawell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. P. Crawell Springfield Mo.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension - chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>years</u> <u>years</u> <u>42 21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1946</u> , to <u>Jan 5</u> , 1950, that I last saw the deceased alive on <u>Jan 5</u> , 1950, and that death occurred at <u>4:15 P.</u> m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. P. Grotti M.D.</u>		23b. ADDRESS <u>Chicago, Mo.</u>		23c. DATE SIGNED <u>1-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 6 - 1950</u>		REGISTRAR'S SIGNATURE <u>Lena Murray</u>		317		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Monlowe Crane Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 8 1950

District Health Office No. 6

District File Number 250-202

Date Filed 2-10-50

JUL 2 1962

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address

*Marionville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.